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PTO/SB/21 (09-04)

TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission

	Application Number	10/802,124				
	Filing Date	March 15, 2004				
	First Named Inventor	JONES, TIMOTHY N.	ES, TIMOTHY N.			
	Art Unit	3732	· ·			
	Examiner Name	Wilson, J. J.				
	Attorney Docket Number	018563-006010US				

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ENCLOSURES (Check all that apply)										
	Fee Trans	mittal Form		Drawing(s)			After Allowance Communication to TC			
	Fe	ee Attached		Licensing-related Pape	rs		Appeal Communication to Board of Appeals and Interferences			
	Amendment/Reply After Final Affidavits/declaration(s) Extension of Time Request Express Abandonment Request Information Disclosure Statement Certified Copy of Priority Document(s) Reply to Missing Parts/ Incomplete Application Reply to Missing Parts under 37 CFR 1.52 or 1.53		Petition Petition to Convert to a Provisional Application Power of Attorney, Revocation Change of Correspondence Address Terminal Disclaimer Request for Refund CD, Number of CD(s)		Suppl	Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) Proprietary Information Status Letter Other Enclosure(s) (please identify below): lemental ADS, Return Postcard				
			Landscape Table on CD Remarks The Commissioner is authorized to charge any additional fees to Deposit Account 20-1430.							
		SIGNA	TURE	OF APPLICANT, A	TTORNEY,	OR AG	ENT			
Firm Nar	me	Townsend and Towns	send a	nd Crew LLP		-				
Signature S. B. K		S.B. Kohva	Kohval							
Printed r	name	Sujit B. Kotwal								
Date		October 17, 2005			Reg. No.	43,33	36			

CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.

Signature

Typed or printed name

Krista K. Merrimac

Date

October 17, 2005



Application Data Sheet

Application Information

Application number:: 10802124

Filing Date:: 03/15/04

Application Type:: Regular

Subject Matter:: Utility

Suggested classification::

Suggested Group Art Unit::

CD-ROM or CD-R??::

Number of CD disks::

Number of copies of CDs::

Sequence Submission::

Computer Readable Form (CRF)?::

Number of copies of CRF::

Title:: SUBDIVIDING A DIGITAL DENTITION MODEL

Attorney Docket Number:: 018563-006010US

Request for Early Publication:: No

Request for Non-Publication:: No

Suggested Drawing Figure:: 1A

Total Drawing Sheets:: 14

Small Entity?:: No

Latin name::

Variety denomination name::

Petition included?:: No

Petition Type::

Licensed US Govt. Agency::

Contract or Grant Numbers One::

Secrecy Order in Parent Appl.:: No

Applicant Information

Applicant Authority Type:: Inventor

Primary Citizenship Country:: US

Status:: Full Capacity

Given Name:: TIMOTHY

Middle Name:: N.

Family Name:: JONES

Name Suffix::

City of Residence:: Mountain View

State or Province of Residence:: CA

Country of Residence:: US

Street of Mailing Address:: 317 Serra San Bruno

City of Mailing Address:: Mountain View

State or Province of mailing address:: CA

Country of mailing address:: US

Postal or Zip Code of mailing address:: 0404394043

Applicant Authority Type:: Inventor

Primary Citizenship Country:: US

Status:: Full Capacity

Given Name:: MUHAMMAD

Middle Name::

Family Name:: CHISHTI

Name Suffix::

City of Residence:: Washington

State or Province of Residence:: DC

Country of Residence:: US

Street of Mailing Address:: 910 Fifteenth Street NW, Suite 910

City of Mailing Address:: Washington

State or Province of mailing address:: DC

Country of mailing address:: US

Postal or Zip Code of mailing address:: 20005

Applicant Authority Type:: Inventor

Primary Citizenship Country:: US

Status:: Full Capacity

Given Name:: HUAFENG

Middle Name::

Family Name:: WEN

Name Suffix::

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State or Province of Residence:: CA

Country of Residence:: US

Street of Mailing Address:: 2117 Gossamer Avenue

City of Mailing Address:: Redwood Shores

State or Province of mailing address:: CA

Country of mailing address:: US

Postal or Zip Code of mailing address:: 94065

Applicant Authority Type:: Inventor

Primary Citizenship Country:: US

Status:: Full Capacity

Given Name:: GREGORY

Middle Name::

Family Name:: BALA

Name Suffix::

City of Residence:: San Jose

State or Province of Residence:

Country of Residence::

Street of Mailing Address:: 207 Burning Tree Drive

City of Mailing Address:: San Jose

State or Province of mailing address:: CA

Country of mailing address:: US

Postal or Zip Code of mailing address:: 95119

Correspondence Information

Correspondence Customer Number:: 46718

Representative Information

Representative Customer Number:: 46718

Domestic Priority Information

Application:: Continuity Type:: Parent Application:: Parent Filing Date::

This Application Continuation of 09/264,547 03/08/99 09/264,547 Continuation-in-part of 09/169,276 10/08/98

(Abandoned)

09/169,276 Claims priority of PCT 98/12681 06/19/98 PCT/US98/12861

98/12681 Claims priority of 08/947,080 10/08/97

PCT/US98/12861 (Pat. No. 5,975,893)

09/169,276 Continuation of 08/947,080 10/08/97 08/947,080 An Appn claiming 60/050,342 06/20/97

benefit under 35 USC

119(e) of

Foreign Priority Information

Country:: Application number:: Filing Date::

Assignee Information

Assignee Name:: Align Technology, Inc.

Street of mailing address:: 881 Martin Avenue

City of mailing address:: Santa Clara

State or Province of mailing address:: CA

Country of mailing address:: US

Postal or Zip Code of mailing address:: 95050